



Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427

**APPLICATION FOR A ZONING INSPECTION PERMIT FOR:
HOME-BASED BUSINESS, INCLUDING HOME DAY CARE: PART 1**

Note: In certain cases, a **Special Exception** may be required for home-based businesses
(see Zoning Ordinance § 78-402.7(k))

Submittal of this form with **original signatures is required.** **PLEASE PRINT OR TYPE** (Unless otherwise indicated.)

Business Name: _____

Address of the Subject Property (including
apt/suite #): _____

Type of Business: _____

Detailed Description of the Proposed Use: _____

Lot area (site area): _____

Are any site alterations or any alterations to the building's exterior or interior planned or underway in connection
with this use (or were any alterations done)? ☐ No ☐ Yes Please describe :

Name and Title of Property Owner (Applicant): _____

Mailing Address: _____

E-mail address

Telephone #

FAX #

**The undersigned hereby applies for a Zoning Inspection Permit under the provisions of § 78-202.9
and § 78-402.7(k) of the Herndon Town Code.**

I hereby affirm and certify that:

- *The information provided on this form is true and correct to the best of my knowledge.*
- *The requirements associated with this application have been read and are understood.*
- *The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.*

Signature of Property Owner (Applicant)

Date

ZONING INSPECTION PERMIT APPLICATION – HOME BASED BUSINESS, INCLUDING DAY CARE

Name and Title of Business Owner or Representative: _____

Mailing Address of Business Owner or Representative: _____

E-mail address

Telephone

Fax

Date of building final inspection: _____

Signature and Authorization of Zoning Administrator

Date

Signature of Zoning Inspector

Date

TO BE SUBMITTED WITH THIS APPLICATION

- _____ Part 2 of this application (Information about the Business and Its Operation);
- _____ Part 3 of this application (schematic drawing showing the floor plan of the dwelling and the location of the business);

REQUIREMENTS FOR ALL APPLICATIONS (Zoning Ordinance § 78-201.3)

- _____ A statement from the landowner(s) authorizing an agent to act on their behalf (if applicable);
- _____ A receipt or other documentation indicating that taxes have been paid on lands subject to the application (may be obtained when application is filed);
- _____ Application fee;
- _____ Fees for review and inspection (where applicable). See User Guide #23, *Fee Schedule*.

ADDITIONAL REQUIREMENTS FOR HOME DAY CARE

- _____ Approval, in writing, by your apartment or homeowners association, if applicable.
- _____ A Home Child Care permit from Fairfax County – The permit is valid for one year and requires home health, safety and fire inspections for annual renewal. For more information call the Fairfax County Office for Children at (703) 324-8100.
- _____ Optional approval of a Virginia State Family Day Home license – For more information and assistance in obtaining the license call the State Department of Social Services, Division of Licensing at (703) 934-1505.

ZONING INSPECTION PERMIT APPLICATION – HOME BASED BUSINESS, INCLUDING DAY CARE

For Office Use Only:

Application Received by:	Date:
Tax Map Reference:	Zoning District:
Business and Occupational License #:	Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent

Distribution after approval:

Applicant

Community
Development

Fire
Department

Finance



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**APPLICATION FOR A ZONING INSPECTION PERMIT FOR:
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*INFORMATION ABOUT THE BUSINESS AND ITS OPERATION***

Is the person conducting the business a resident at the property?

Hours of Operation:

Number of on-site employees:

Names and Addresses of on-site employees
(if different than applicant):

Times of day that each employee will be present
at the site:

Times of day that customers or clients may be
expected to visit the site:

Square footage of all buildings on the premises:

Square footage of the proposed business
(including storage):

Is the business located within the dwelling on
the basement level, main floor, second floor or
other location?

Will an accessory structure (garage or shed) be
used for the business?

If so, what is the square footage of the
accessory structure?

What is the square footage of the space to be
used by the business in the accessory structure?

Does the proposal meet the standards set forth
for Home-Based Businesses in Zoning
Ordinance
§ 78-402.7(k)?

If not, is a Special Exception requested?



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**APPLICATION FOR A ZONING INSPECTION PERMIT FOR:
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**PLEASE COMPLETE THIS SCHEMATIC DRAWING SHOWING THE LOCATION OF THE
BUSINESS IN THE DWELLING AND THE FLOOR PLAN OF THE AFFECTED AREA**

A large, empty rectangular box with a black border, intended for a schematic drawing of the second floor of the dwelling.

Second Floor of Dwelling

A large, empty rectangular box with a black border, intended for a schematic drawing of the main floor of the dwelling.

Main Floor of Dwelling

A large, empty rectangular box with a black border, intended for a schematic drawing of the basement of the dwelling.

Basement of Dwelling

An empty rectangular box with a black border, intended for a schematic drawing of a garage.

*Garage (if proposed to be
used for the business)*

An empty rectangular box with a black border, intended for a schematic drawing of a shed or other accessory structure.

*Shed or other accessory
structure (if proposed to
be used for the business)*